

# City of Kent Commercial Business Application

Ordinance No. 3035



City of Kent Customer Services  
220 Fourth Avenue S.  
Kent, WA 98032-5895  
(253) 856-5210 Fax (253) 856-6200

Fee Must Accompany Application (Circle One)		Opening July 1 or after
New Business	\$154.00	\$104.00
New Owner	\$154.00	\$104.00
Indep. Contractor	\$100.00	\$50.00
Non-Profit	No Charge	501(c)(3)Req
Relocation in Kent	No Charge	
Prior Kent Address: _____		

**PLEASE TYPE OR PRESS FIRMLY**  
**Black or Dark Blue Ink Only**

All licenses expire December 31. Renewal invoices mailed in December.

1. **WA State UBI#** \_\_\_\_\_

2. Date Opened in Kent \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Business \_\_\_\_\_  
Address \_\_\_\_\_ Suite \_\_\_\_\_  
Kent, WA Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

3. ☐ Indiv. ☐ Partnership ☐ LLC ☐ Corporation **Provide ownership information; include supplemental list if needed.**

Owner(s) Name(s)	Home Address	City	State	Zip	Phone
_____	_____	_____	_____	_____	( ) _____
_____	_____	_____	_____	_____	( ) _____

4. Contact Person: \_\_\_\_\_

5. Name of Business Center/Apartment Complex, if Applicable \_\_\_\_\_

6. Parent Company Name, if Applicable: \_\_\_\_\_

7. Independent Contractor? ☐ Yes ☐ No

8. Billing Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

9. **Description** of Business: \_\_\_\_\_

10. **Type of Business:** (Check those which apply)

☐ Wholesale Trade ☐ Retail Trade ☐ Service ☐ Manufacturing ☐ Construction ☐ Govt.  
☐ Transp./Commun./Util. ☐ Finance/Insur./RE ☐ Education ☐ Health Industry ☐ Sales/Mktg.  
☐ Rental Housing # Units \_\_\_\_\_ ☐ Other \_\_\_\_\_

11. Do You Share a Location with Another Business? ☐ No ☐ Yes Who? \_\_\_\_\_

12. **Include Working Owners**—Total # **Full Time** Employees: \_\_\_\_\_ Total # **Part Time** Employees: \_\_\_\_\_

13. **Emergency Information** for Fire & Police Departments: TWO after hours LOCAL names & phone numbers:

Name _____	Phone _____	Name _____	Phone _____
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14. Type of Building Occupied: ☐ Single-Tenant ☐ Multi-Tenant ☐ Single-Tenant Warehouse

☐ Multi-Tenant Warehouse ☐ Mixed-Use-List mixed-uses:

15. Floor Space Occupied by Business in Square Feet \_\_\_\_\_

16. Address(es) of Warehouse/Distribution Centers in Kent \_\_\_\_\_

17. Are there any hazardous materials used or stored at location ☐ Yes ☐ No

If Yes, explain \_\_\_\_\_

18. Will your business engage in selling, giving away, distributing, dispensing, exchanging for anything of value, planting, growing, processing, packaging, storing, or any other act relating to marijuana as that term is defined in RCW 69.50.101? Yes \_\_\_\_ or \_\_\_\_No.

*I hereby certify that the statements and information furnished by me on this application are true and complete to the best of my knowledge. I also acknowledge that the statements and information furnished by me on this application are public records and are available for public inspection pursuant to State of Washington RCW 42.17.260. I understand that issuance of this license is conditioned upon compliance at all times with all applicable ordinances, regulations and statutes of the City of Kent and the State of Washington. The issuance of this business license does not imply compliance with the Zoning, Uniform Fire and Building Codes.*

Signature _____	Print Name _____	Title _____	Date _____
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**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

**FOR OFFICE USE ONLY:** Business License # \_\_\_\_\_ Date Rec'd \_\_\_\_\_ Amt. Paid \_\_\_\_\_